		DEDARTMENT OF F	NIDLIO LICAL TIL AND COCKAL OFFICE	1	
			PUBLIC HEALTH AND SOCIAL SERVICES OF ENVIRONMENTAL HEALTH		
(a)			ILD CARE FACILITY		
The state of the s	7	IN:	SPECTION REPORT		
REA	ASON GRAD		ESTABLISHMENT NAME:	. ~	
Regular	V N	1 9/25/18 THE YOUNG LEXENER C			
Follow-U		Time In/Out:	OWNER/OPERATOR: CIPAZON	H	HI I
Complair Investiga		3:00pm 3:47	PLOCATION: SISTE SAMP CORPORES Stablish	mont Tunes	
Other:	don har	Sanitary Permit No.:		MARRORY	
	P			emporary	Expired
No. of Chi	ldren: 15 Male 1		Child Care License: No.: 1015 / Valid /		
			day in the operations and facilities which must l		Expired
inspection	n or sooner as the l	Department indicates. No	on-compliance may result in downgrading or pe	ermit suspension.	To appea
17544	a writte		ust be submitted before the indicated correction		
ITEM*	1 2	<del></del>	MARKS	DEMERIT CORE	RECTB
	A KENLAK I	<u>nspection</u> was c	ONDUCIED. PREVIOUS INSPECTION	19 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	DN 6/21/8(0/A		<u> </u>	-	
	_ =				
	THE FITTING	MA LUD MODAL LACOM	Dansin.		
1a	THE POLLOWING VIOLATION WAS OBPOPULOS:			N-0	
0	A SAULT IN TERMINE THAT IS A THE TOTAL TOT			(DS	
	PLAY MEGA, P	OSES A HAZARD.		- 1	48.2
	ALL OUTDANK SPACE SHALL BE PREFOR HAZINFOS TO PREVENT				
				- 97	
			DMNT FrumIII (110-11- AND		
	005	MONTH CHIM	5 PAINT/CHIPPING SUPPACE AND		
		HALLAND SHACKOR	TO RESURPACE THE POST.		
-	PHOTOS TAYLEN				
	"A" PLACATUD NO. 0239   UPDINTED. PIC INFORMED ON APPOVE				
	LIC MARKIN	EN OK NUME			
-					
					WIE.
I hav	e read and under	rstand the above violat	ion(s) and I am aware of the corrective me	asures to be take	en.
		following items are	Received By (Name & Title):	- 0.40	
cited a		be corrected within	Rhea Villanueva Directo	T KVilla	nueve
(2), (4) (6)	10 days of this	Inspection: 4), (27), (28), (39) & (40).	DEH Inspector (Name & Title):	1	
/>> ( ·>> (O	,, , , ,,, , , ,,, (£0), (£	7, (27), (20), (03) & (40).	T.SHMIZU EPHOT		

Rev: 08/2/05 DEH-06

White Copy - DEH

Yellow Copy - Establishment